

**NEW MEMBERSHIP INFORMATION SHEET  
NSDAA & CDAA FOR 2009**

**NOVA SCOTIA DENTAL ASSISTANTS ASSOCIATION  
P.O. Box 9142, Station "A", Halifax, NS, B3K 5M8  
Phone (902) 826-1922 Fax (902) 820-3015  
e-mail [nsdaa@ns.eastlink.ca](mailto:nsdaa@ns.eastlink.ca)**

Membership fees for NSDAA and CDAA combined are \$75.00. This is to be paid to the NSDAA office.

**\*\*MEMBERSHIP DUES ARE NON-REFUNDABLE\*\***

**MEMBERSHIP FEE: \$75.00 Payable by cheque or money order (credit cards not accepted) to the NSDAA at above address. \$50.00 NSDAA dues plus \$25.00 CDAA dues. The NSDAA office will transfer money to CDAA. To be a member of the NSDAA, membership to the CDAA is mandatory. If you are transferring from another province and have already paid your CDAA fee it does not have to be paid twice in the same year. You would only be responsible for the \$50.00 NSDAA Membership Fee.**

PLEASE FILL IN THE MEMBERSHIP RENEWAL FORM WITH AS MUCH INFORMATION AS POSSIBLE. THE ACCURACY OF OUR RECORDS DEPENDS ON THE INFORMATION YOU PROVIDE. IT IS YOUR RESPONSIBILITY TO KEEP THE OFFICE AWARE OF ANY ADDRESS OR NAME CHANGE.

**PLEASE NOTE:**

MEMBERSHIP TO THE NSDAA IS A MANDATORY REQUIREMENT TO OBTAIN YOUR LICENSE AS A LICENSED DENTAL ASSISTANT IN THE PROVINCE OF NOVA SCOTIA. IF YOU ARE NEW TO NOVA SCOTIA OR ARE LICENSING FOR THE FIRST TIME, YOU WILL NEED TO CONTACT THE PROVINCIAL DENTAL BOARD OF NOVA SCOTIA REGARDING OBTAINING YOUR LICENSE TO PRACTICE. THEIR CONTACT NUMBER IS (902) 420-0083.

The NSDAA office also maintains a job registry. Dentists call the office on a regular basis looking for DA's for full-time, part-time and fill in positions. This registry depends on you notifying the office on a monthly basis if you are seeking employment. If you seek employment and your name is on our list, please notify our office. It does not look very professional if we are passing along names to potential employers of individuals who are already employed!

There is a spot on the Membership Renewal Return Form to indicate your employment status. Again, the accuracy with which you fill out the form can benefit both you and the dentists.

If you have any questions, please do not hesitate to contact the office. If I am not available, please leave a message and I will return your call.

**NEW MEMBERSHIP FORM**  
**NSDAA & CDAA FOR 2009**  
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Halifax, NS B3K 5M8  
Phone (902) 826-1922 Fax (902) 820-3015  
nsdaa@eastlink.ca

**INVOICE AMOUNT: \$75.00**

NAME: Ms./Mrs./Miss/Mr.

\_\_\_\_\_

First	Middle Initial	Surname
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ADDRESS: \_\_\_\_\_

Apt.#	Street#	Street Name
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City/Town	Province	Postal code
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BIRTHDATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ AFFILIATE YOU ATTEND: \_\_\_\_\_

Day / Month / Year

PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seeking

Are you interested in on-call employment in your area on days you are not presently working:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes**, what days are you available: \_\_\_\_\_

PLACE OF EMPLOYMENT/EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Address: \_\_\_\_\_

Street/Apt.#	City/Town	Province	Postal Code
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